Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (C						mn 2)	SMALL ENTITY TYPE O			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			(Ooidiiii)				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			33 minus 20=		. 13			X\$ 9=		OR	X\$18=	234:00
INDEPENDENT CLAIMS			6 minus 3 =		. 3			X40=	<u> </u>	OR	X80=	240.00
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				-			1		
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in column 2			+135=		OR	+270=	1 1011
CLAIMS AS AMENDED - PART II								TOTAL	·	OR	TOTAL	1, 184
		(Column 1)	INICHUEL	(Colu				SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	HEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 31	Minus	<i>3</i>	3	=		X\$ 9=		OR	<b>⊼</b> \$18=	
	Independent	NTATION OF MU	Minus	*** _	/ <u>/</u>	=		X40=		OR	X80=	
<u> </u>	FIRST PRESE	NIATION OF MO	JLIIPLE DEI	PENDEN	CLAIM			+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)										ADDII. 1 ZE	The second second second
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JUIPLE DEF	PLE DEPENDENT CLAIM			ŀ	+135=		OR	+270=	
BEST AVAILABLE COPY								TOTAL ADDIT. FEE			TOTAL	
(Column 1) (Column 2) (Column 3)										10	ADDIT. FEE	
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MI	Minus			=		X40=		OR	X80=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
•••	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE	
		nber Previously Pai					er fou	nd in the app	propriate box	in co	lumn 1.	